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HEMI-SYNC AND MULTIPLE SCLEROSIS: AN INTERVIEW WITH MRS. TRICIA BLILEY

The following general information is gleaned from *MULTIPLE SCLEROSIS: A Self-Help Guide to Its Management* by Judy Graham [Thorsons Publishers, Inc., Rochester, VT, 1984].

The disease known as multiple sclerosis (MS) causes damage in widely scattered areas of the central nervous system (brain and spinal cord). The "white matter" of the central nervous system consists of nerve fibers which carry messages from the sense organs to the brain and from the brain to the muscles. It is also the "wiring" of the brain itself. MS attacks and destroys the insulating myelin sheath surrounding each nerve fiber, causing "short circuits" between the nerve pathways and additional interference as a result of scleroses (scar tissue) deposited when the body attempts to heal the damage. The disease consists of unpredictable periodic attacks (exacerbations) of indeterminate duration. Exacerbations can be triggered by extremely hot temperatures and excessive stress. In the periods of remission between these episodes, damaged areas may heal completely, partially, or not at all. Thus, the patient is never certain how much of an affected sense or function may be regained.

MS can be very mild or severely disabling. Symptoms include a characteristic, pervasive fatigue, muscle tremor and spasticity, loss of balance, "pins and needles" neuralgia or definite pain in various parts of the body, urinary incontinence and constipation, and blurred vision. Areas of the body may "go numb." A disturbed sleep cycle and depression may also exist in varying degrees.

The etiology of MS is uncertain. Genetic and immune system deficits are suspected components. An allergic involvement is also a possibility. (Recent research [cited in a 1989 AP wire service article] suggests a possible link with the human T-lymphotropic virus, HTLV-I, which is similar to the AIDS virus). If this latter finding is confirmed, it could open new avenues of treatment.

MS is presently regarded as incurable. Anti-inflammatory medications such as prednisone and ACTH may give some relief. Adequate rest and regular physiotherapy or exercise according to the patient's abilities are necessary. Some encouraging results have also been obtained by strict adherence to a healthy, high-fiber, low-fat diet rich in essential fatty acids (EFAs) and supplemented with vitamins, minerals, and additional EFAs derived from evening primrose oil.

In February 1989, and on several occasions in October 1989, I spoke with Tricia Bliley in her home in central Virginia. Since January 1988, Tricia has integrated the *H-PLUS* Hemi-Sync tapes into her resources for managing multiple sclerosis.

HSJ - Tricia, I appreciate your taking the time to talk with me and discuss your experiences in using *H-PLUS* and other Hemi-Sync tapes to deal with the challenge of Multiple Sclerosis. Just to give the readers some background, when was the disease first diagnosed and what were the first symptoms?

Tricia - In April of 1986, I began to notice a tingling in my right arm and experienced some lower back pain. Chiropractic and other treatment didn't give me any relief. Finally, in October 1986, extensive diagnostic procedures confirmed that I had multiple sclerosis.

HSJ - Did other symptoms develop?

Tricia - Yes, overwhelming fatigue, blurred vision, digestive system upsets, and a "pins and needles" sort of neuralgia over my whole body.

HSJ - What was the initial treatment approach?

Tricia - I took the anti-inflammatory drug prednisone in 1986 and started on a high-fiber, low-fat diet with EFA (essential fatty acid) supplementation a year later.

HSJ - What were the results?

Tricia - Diet seemed to help the digestive problems some, but side effects from the prednisone were almost worse than the MS.

HSJ - How did you come to consider the Hemi-Sync technology as an adjunct to treatment?

Tricia - I learned of the Institute through a cousin who is a friend of Nancy McMoneagle, the director. When I called Nancy to discuss the possibility of coming to a *GATEWAY VOYAGE*, she sent me a scholarship application, and I wound up at the January 1988 *VOYAGE*.

HSJ - What was the main value of that experience for you?

Tricia - Well, by that time I was having some trouble walking and the pain was pretty much unrelenting. In a tape session experimenting with various out-of-body techniques, while working on elevation up, I found there was no pain—for the first time in one and a half years. I knew that relieving my pain was possible.

HSJ - That's wonderful, Tricia! Following the *VOYAGE*, have you continued to use Hemi-Sync tapes?

Tricia - Yes. When I came to the *VOYAGE*, *H-PLUS* tapes weren't available to the public, but the Institute gave me laboratory copies to use on a research basis.

HSJ - Have you been using *H-PLUS* regularly since that time?

Tricia - *H-PLUS* and also some of the *METAMUSIC* and *EXPLORER* tapes.

HSJ - Would you describe how you have used them and some of the results?

Tricia - Let me say, first, that in addition to the initial symptoms I had begun to have problems with bladder control and trouble sleeping. Also, the aches and pains had to be dealt with anew each day. As a consequence, I experienced some pretty drastic depression and mood swings (almost to the extent of paranoia). For a while I felt like a failure with *H-PLUS* because I hadn't been able to use it to heal the MS.

HSJ - And now?

Tricia - What I've realized is that the Functions have been very effective in dealing with and giving varying degrees of relief from day-to-day symptoms.

HSJ - In what particular ways?

Tricia - *Restorative Sleep* has been really helpful. Just giving the Function Command can start me yawning (usually I combine it with *Tune-Up*). *De-Tox: Body* is a favorite. I focus on body, mind, spirit, and aura while doing the Command and really feel a clearing effect. *Immunizing* and *De-Tox: Body* helped me through a couple of colds. Symptoms didn't seem as bad and they didn't seem to last as long. Using the Functions may have kept MS symptoms from getting worse then, too. During one exacerbation, *Light Foot* helped to get and keep me walking. *Short Fix* is another standby. I focus on the area of pain and give the Command. Frequently, the pain will fade or disappear but I usually have to do the Command more than once. I keep *Contemplation* "on board"—it makes me aware of what I do all the time. Generally, I use the Commands several times a day and precede whatever else I'm using with *Relax*.

HSJ - Over time, have you investigated other treatments or altered your approach to *H-PLUS*?

Tricia - Yes, to both questions. I'm seizing every possible advantage in coping with MS. In March 1988 I went to a clinic in Germany to undergo some calcium injections. Since that time, I've exercised in the temperature-controlled pool at the University of Virginia. Also, I've been receiving physical therapy to help maintain my muscle tone. My husband, Michael, does range-of-motion exercises with me daily, which the physiotherapist showed him. As for *H-PLUS*, I've gotten away from using the individual Functions so much and started to rely a lot on *Möbius West*.

HSJ - How do you use *Möbius West*?

Tricia - Since *Möbius West* is for patterning, I use it like a "lens" to focus my intention to get up and be able to walk. I give the Command for *Relax* and then do "Plus-Change, Change" while concentrating on the desired outcome. The time frame is the present. I hold in mind that

the outcome will be for my greater good. The effect is to help me "marshal my forces." Additionally, for most of my adult life I've been a heavy smoker (two packs a day), even more as a response to the stress and discomfort of having MS. I started to cut down during my *GATEWAY*. With use of *Möbius West* and as a result of insight gained from *EXPLORER* tape #9, I cut back to four cigarettes a day. I pattern to be a nonsmoker now and follow Miranon's advice to smoke each cigarette consciously. On days when I'm really uncomfortable, it's possible to slip back up to 7-10 cigarettes. They become a part of my strategy for distancing from pain.

HSJ - You mentioned benefits from *Explorer* #9. Have any other Hemi-Sync tapes been particularly helpful?

Tricia - Yes, I enjoy *METAMUSIC*, especially *Midsummer Night*. It helps me relax and keep a positive mood. Then I have less muscle tremor and better coordination when I'm weaving baskets for sale and as gifts.

HSJ - Tricia, it's been three years since you were diagnosed with MS. How would you characterize your present situation and the value of *H-PLUS* at this point?

Tricia - Well, you know one of the characteristics of MS is that it's cyclic. That is, there are the periodic exacerbations and you never know exactly what will be affected or what symptoms may remain. Also, there's the fatigue and sensitivity to heat which are pretty much constants. I'm having one of these episodes now and all of the symptoms I've mentioned are quite severe. The pain is frequently intractable, almost like "lightning strikes" in my legs and other areas. It's hard not to be depressed. *H-PLUS* is still an invaluable support in dealing with MS from moment to moment and that's the approach I take at this time.

HSJ - Thank you again, Tricia, for taking the time to talk with me. You have everyone's sincerest best wishes.

Tricia would be delighted to share information and support with other MS patients and to receive input from physicians and researchers. Write to:

Mrs. Tricia Bliley
Shirley N. Bliley, Projects Coordinator
The Monroe Institute
Rt. 1, Box 175
Faber, VA 22938

or call: (804) 361-1252.

HEMI-SYNC IN CONJUNCTION WITH NITROUS-OXIDE-OXYGEN CONSCIOUS SEDATION

Robert C. Davis, D.M.D.



Dr. Davis practices general dentistry in Erlanger, Kentucky, and is a doctoral candidate with the American Institute of Hypnotherapy. A member of the Professional Division since February of 1989, he has achieved dramatic results using nitrous-oxide-oxygen sedation and Hemi-Sync. His goal is to apply Hemi-Sync techniques toward achieving drug-free dentistry and to aid in hypnotherapy induction. Dr. Davis offers the following cases representing his results so far.

DISCUSSION

Nitrous-oxide-oxygen conscious sedation is also known as relative analgesia. It is also commonly and incorrectly referred to as "analgesia." The term "analgesia" as defined in the *Stages of Anesthesia*, is one of unconsciousness and is never employed in this mode of treatment.

The concentration of gas ranged from 40%-70% oxygen, well within the limits of safety. (Air is about 20% oxygen.)

The Hemi-Sync tapes used in this study were the *Pre-Op* tape from the *EMERGENCY SERIES* and random *METAMUSIC* tapes.

Due to the difficulty of gathering meaningful data in the clinical milieu, it was decided to report the patient's impressions and comments, along with a brief case history. Selection of patients was random, in that no one was excluded from the study for any reason, i.e., age, sex, race, attitude, etc. Expression of interest and a willingness to participate fulfilled the only requirement.

Seven cases are presented, although more than twenty have been documented. These seven cases cover a wide

spectrum of fears, phobias, and anxieties associated with pain and dental treatment.

It is notable that of the twenty cases documented, *there were no failures*. There are, however, limitations.

CASE PRESENTATION

Six of the seven patients received conscious sedation and Hemi-Sync.

CASE #1

A middle-aged male, Caucasian, recently unemployed, faced with a career change, had postponed dental treatment for twenty or more years. He felt that his prospects for employment would be enhanced if he could present a more aesthetic appearance.

Since all previous dental treatment had proved unsatisfactory from an emotional and psychological aspect, the patient expressed an interest in treatment alternatives.

VISIT #1

Pre-Op Tape

The patient requested a local anesthetic in conjunction with the treatment.

Patient Comment: "That's pretty good, Doc. I only felt a little pain, not bad, mind you. I'll be back."

VISIT #2

The patient again requested local anesthetic.

Patient Comment: "Didn't feel a thing, Doc. That stuff's really good."

VISIT #3

The patient did not mention local anesthetic and none was used. Four teeth were prepared for crowns.

Patient Comment: "Didn't feel a thing, Doc."

Patient Conclusion: "If I knew about this, I would have been here much sooner. I'll never wait this long again."

CASE #2

The patient was a male, middle thirties, Black, employed at a managerial level. He confessed to a morbid fear of the needles used in dental treatment and had postponed for too long.

VISIT #1

Pre-Op Tape

Several large restorations were completed.

Patient Comment: "I didn't feel a thing. That's really great."

VISIT #2

Single tooth prepared for a crown.

Patient Comment: "The pinched nerve in my neck has quit hurting. I feel good all over." (No mention of the dental procedure.)

Patient Conclusion: "There's just nothing to be afraid of. We'll be in touch more often." "By the way, Doc, I'll be back and you can help me with my smoking problem."

CASE #3

The patient was a middle-aged Caucasian female, professional, with no particular aversion to dental treatment. Conscious sedation was not used. Local anesthetic was her preference. The problem in this case was time. She had to relocate quickly in order to gain a career advantage. This required a longer-than-usual visit.

VISIT #1

Pre-Op Tape

Several teeth were prepared for crowns.

Patient Comment: "I can't believe I've been here so long. The time just flew by." "My God, that's amazing."

CASE #4

The patient was a street-wise, teen-aged Caucasian male with a dramatic aversion to dental treatment in general and to injections in particular. He was present in my office as an alternative to the prospect of severe bodily harm promised by his parents. (The dental insurance was due to expire shortly.)

VISIT #1

METAMUSIC Tape

Two moderately large restorations were placed.

Patient Comment: "That's weird, I mean man, that's weird." "Really weird." (No comment on the treatment.)

CASE #5

The patient was a pre-teen, Caucasian male with no history of dental fears or phobias. Since his mother was using the Hemi-Sync system, he expressed an interest.

VISIT #1

METAMUSIC Tape

Two moderately large restorations were placed.

Patient Comment: "Everything's fine."

Patient Conclusion: "I could have stayed for an hour if you wanted me to."

CASE #6

The patient was a physician, Caucasian, male, late fifties. No particular dental phobias. Previous dental treatment had been accomplished without the use of local anesthetic. His entire family was participating in the Hemi-Sync program, and he expressed an interest.

VISIT #1

METAMUSIC Tape

A single tooth was prepared for a crown.

Patient Conclusion: "Well—general anesthesia would be more effective—but outside of that . . ."

CASE #7

This is the most complex and challenging case in the entire study. The history of this patient precedes my use of Hemi-Sync tapes by several years. The patient was a Caucasian male, middle thirties, well-educated, suffering severe stress from work-related activities. For several years he had been given Elixir Donnatal 30 minutes prior to treatment, and extensive local anes-

thetic in addition to the conscious sedation. All of this proved to be quite unsatisfactory. The "pain" could be tolerated so he continued to permit treatment.

When the Hemi-Sync program was introduced, he was the first patient to come to mind. He was given a *Pre-Op* tape to take home and play at least once every day.

Prior to treatment, he began playing the tape when he left his home. (His wife drove.)

VISIT #1

Pre-Op Tape

Extensive local anesthetic was administered and multiple crowns were prepared.

Patient Comment: "I'm not afraid anymore." "I can sleep the night before I come to see you." "By the way, I've quit taking Valium before I go to work, I just play the tape." "I feel better without the dope."

The following day, the patient's wife appeared at my office, on his orders, to confirm what he had stated the previous day.

Patient Conclusion: "This is wonderful." "There's just nothing to be afraid of anymore." "It's a shame I just can't afford to continue." (His wife claims that this is not the case.)

CONCLUSION

For the most part, dentists venture forth to work in an unmarked emotional and psychological minefield, without knowing how to defuse them. This is at least a beginning. Hemi-Sync seems to be the decisive factor in enhancing the effects of both local anesthetic and conscious sedation. The patients' comments were all highly positive. There were no cases where the patient was not impressed in some manner. Could it be that Hemi-Sync alone can be adapted to meet the needs of the patient, regardless of their degree of fear, phobia, or anxiety, without any chemical intervention?

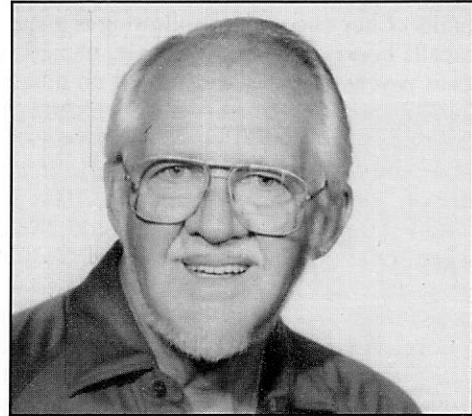
AUTHOR'S NOTE

The first effort has accomplished more than was dreamed possible. Subsequently, it has become a standard operating procedure in my practice of dentistry.



HEMI-SYNC AND PSYCHOTHERAPY

Dwight Eaton, Th.D., Ph.D.



*Dr. Eaton provides counseling services in his private clinical psychology practice in Honolulu, Hawaii. Realizing the potential of Hemi-Sync as a therapeutic adjunct, he became a member of the Professional Division in February of 1989. A major objective of Dr. Eaton's application of Hemi-Sync is to "assist in the coming-of-age of the psychotherapeutic process." The following case histories are selected from Dr. Eaton's experiences utilizing Hemi-Sync with two clients, and himself. [ed.: also see **BREAKTHROUGH**, Vol. VII, No. 3, "Impact on Psychotherapy" by Dwight Eaton, Th.D., Ph.D., and James Thomas, Ph.D.]*

CASE #1

Subject: Female; early 30s; Caucasian; employed as a stripper in numerous local night clubs.

Subject first presented in response to suggestion of a prior client engaged in the same profession as subject. Subject's stated initial cause for seeing me dealt with the physical abuse then being experienced by way of her current paramour. Extensive history-taking revealed repetitive occurrences of such interpersonal physical and psychological abusive treatment from former spouses and live-in boyfriends.

Subject had been earning a comfortable living for at least the past twelve years as a nude performer in various clubs here, in the continental United States, and in Asia, at one point engaging in live sex acts with one of her former husbands. Initially, she professed great admiration for her chosen profession and lifestyle. Heavy use of drugs and alcohol were also a part of her daily regimen. She is attractive, bright, and presents the objective appearance of being well-adjusted. No judgment was made relative to her chosen means of livelihood or lifestyle. Her deep-seated contempt for the female of her species became evident in numerous subtle ways. Her own quite poorly developed and negative

ego-ideal [self-esteem] was most apparent. Her initial exposure to Hemi-Sync produced a reported sense of great calmness and relaxation plus a "miraculous" recovery from the effects of a prior night of "binging" [subject's words].

The following week, again exposed to Hemi-Sync, she experienced a most vivid "dream," the recall of which was taped. With no suggestion from me, during the week between the second and third visit, the subject chose to write down the details of her encounter. Following is a summation.

Subject recalls being a 50-year-old male, named Amok [a most significant psychological disclosure, at no time revealed to the subject by me, the definition of which is, "... a psychic disturbance characterized by depression followed by a manic urge to murder"], residing in a super-cold and desolate area probably somewhere in Asia in the 1700s.

Amok had a wife and two daughters; a sled, twelve dogs, and necessary survival paraphernalia. While traveling with his dog team to take some frozen meat to relatives, among whom was an eight-year-old female, he encountered a violent snowstorm. Abandoning his team and sled, he sought shelter in a cave whose entrance became blocked with blowing snow. As he had done with his own two daughters, he abandoned his twelve dogs. Amok states, "I did little to show my appreciation. I mainly separated myself from women which I did by focusing upon myself," [my male superiority].

Amok further states, "I froze to death in that cave and I had murdered my twelve faithful dogs." Amok continued, "I left my frozen cave [immediately after his demise] to view the scene. My dogs were dead, frozen in the snow drifts. I remember that my heart felt like a stone. It couldn't feel a thing for the dead dogs, my ego wouldn't let it. My wife was scared and worried for me. I cared little if nothing about her well-being. I was a schmuck!"

Primary subject stated, "My past life experience as Amok has been a very humbling experience for me. I am far less quick to judge others, for example, my father," [who also abused her]. Others in the field of psychiatry will appreciate her unconscious tendency to select male companions who will abuse her; her lifelong fear of dogs; her contempt for females; prejudices and selfishness; being actually quite lazy and begrudging her work choice; dissatisfaction with her own body; offended by her own body odor; having abandoned her own real-life daughters because "they failed to give me the ego boost I desired . . . I was not grateful for much in my life . . . my attitude reflected this . . . I wouldn't allow myself to feel much joy . . . my ungrateful attitude was my prison [cave?] . . . I judged the physical and ignored the spiritual . . . I measured my worth by material things."

At this writing subject has voluntarily given up her accustomed means of livelihood and has secured employment in a large local drafting firm.

In the several months since this writer has employed Hemi-Sync in the therapeutic mode, its use more than suggests its tremendous contribution to a "new age" in the approach to reconciliation between the two 'selves' as depicted among Dr. Carl Jung's writings, "One of the curses of modern man is that we suffer from having two personalities in the same person." He further wrote, "The terrors that stem from our elaborate civilization [the off-spring of the lately evolved, negative left brain . . . insertion mine] are proving to be far more threatening than those that primitive people attributed to demons." My work echoes another

statement of his, "That is why finding the inner meaning of life is more important to the individual than anything else. And why the process of individuation must be given top priority." The impetus for this being found in yet another part of his pronouncements, "Part of the unconscious consists of a multitude of temporarily obscured thoughts, impressions, and images that—in spite of being lost—continue to influence our conscious minds."

I am further moved by the primary theme of Adlerian psychology [Dr. Alfred Adler] which asserts, "Humanity is determined by compensation for feelings of inferiority." Not that we are, in reality, inferior; but long ages of imprinting, conditioning, and programming have conditioned us into believing we are. And upon these beliefs we tend to construct a seemingly coherent concept of "reality," our "civilization." We are not "inferior!" We behave as though we are—because we choose to believe we are.

To the Greeks we owe, "As a man thinks, so does he become." At no time are we a set-piece. We, as all else in the cognated universe, are ever-becoming. Thoughts and things are but aspects of the same thing. One unmanifested; the other, manifested. Effect must always follow cause. Here's to a new day! That is—if we choose not to follow the way of the dinosaur.

CASE #2

Subject: Male; age 35; Caucasian; professional bartender; seven-year resident of Hawaii

Subject presented quite recently with a complex of sex-related dysfunctions, most anecdotal, one clinical. The clinical history is the excision of a single testis some five years previous due to a suspected carcinomal incursion. No recurrence, extension, or experienced inhibition to date.

The anecdotal history, not subject to the excision incident, is entirely consistent in his experience both prior to and subsequently. A summation of his voluntarily reported dysfunctions are as follows:

From his earliest recollection, subject has entertained profound doubts as to whether he is "straight" or "gay." On the several occasions throughout his adult life in which he has attempted usual intercourse with a female, each such attempt has followed an identical pattern; initial rigidity followed by immediate flaccidity resulting in nonpenetration. Hence, a failure followed by bouts of embarrassment, shame, disgust, and self-loathing.

In an attempt to compensate for such failures, he early commenced the solicitation of selected white males in a limited manner. To stroke and be stroked and to experience being the recipient of fellatio. He consistently refrains from reciprocal performance or involvement in penetration. He states a repeated profound disgust and self-loathing in these actions.

The usual avenue of relief consists of regular masturbatory action. This suggests the absence of physical impedence as to competence in erection, rigidity maintenance, and ejaculation.

Subject as presented exhibited numerous kinesthetic symptoms; chain smoking, constant attitudinal alterations while standing or sitting; clipped, quick speech; nervous and consistent knee bouncing while sitting; finger tapping and nervous laughter, but only when appropriate.

Testing failed to suggest any evidence of psychoses, fugues, or phobias. Following test-taking and evaluation for credibility, subject deemed to be experiencing a complexity of allied dysfunctions possibly stemming from a single traumatic event, buried in the unconscious, to be exhibited solely at the emotional level when triggered by related mechanisms.

Subject initially tested for creative visualization propensity via usual and standard deep-level hypnosis techniques employing focusing, suggestion, relaxation modes, et al. This was successful in the area of kinesthetic amelioration resulting in motor tranquilization.

Subject, in next session, was introduced to Hemi-Sync via a synthesizer. Exposure was of twenty minutes duration on Alpha only. During the review following the session, subject disclosed he had made a date with a female patron. He evidenced, with some trepidation, that a sexual liaison had been intimated. The suggestion was made that he—should the occasion arise—share with his companion a brief outline of his prior failures in an attempt to elicit her understanding and cooperation. This he did, reporting that, for the first time, he had experienced a completed sex act with a female. On subsequent nights with her, he found that he occasionally reverted to his usual pattern of failure inducing the customary negative emotions.

In the week prior to this writing, subject was again exposed to the Hemi-Sync synthesizer using the Theta/Delta setting. Prior to induction, subject instructed to concentrate not only on the “pink” sound and the Hemi-Sync sound, but to repeat, rhythmically, the thought, “What event caused my condition?”

At the expiration of thirty minutes, subject disconnected from the machine. With great emphasis and excitement subject reported he had had a most vivid dream of an event which took place when he was twelve years of age involving his older brother of fourteen. He had not recalled this particular event since the time of its occurrence, but had just experienced it in its entirety.

Early one morning, alone in the house with his older brother whom he greatly admired, the brother invited subject into his room to exhibit his erect penis and asked subject to caress same, which subject did. Subject experienced immediate disgust, shame, and embarrassment, and instant and total disintegration of all the values he had priorly held for his older brother. The event was never again mentioned by either, and was promptly forgotten by the subject until exposure to Hemi-Sync. Conventional hypnosis had failed to assist subject in re-creating this critical event. Hemi-Sync is proving, beyond doubt, the unquestioned procedure in exercising that most profound of dictums left us by Dr. Sigmund Freud: “To relieve ‘it’—‘it’ must be relived.”

Not through months, and in many cases years, does a subject need suffer the rigors of conventional therapies in order to arrive at the primal causes of experienced events. It is felt that this subject, with continued work utilizing Hemi-Sync, will soon be capable of experiencing a “normal” sex life.

The conclusions to be drawn from this single event are, analytically, perhaps too complex and myriad to be included in a report of this nature. Those in the practice of psychotherapy will recognize them.

CASE #3

Subject: Male; late 60s; married; Caucasian/Cherokee; self-employed professional counselor

Subject presented with a condition of full-blown, clinically proven stomach ulcer of some two years duration. Following Barium x-ray, fluoroscopy, blood workup, et al., subject placed on Zantac and diet regimen. Regimen strictly observed for some months then gradually discontinued by way of “feeling okay,” expense, and a healthy dose of “stupidity.” [A reminder of the old axiom, “A doctor makes a lousy patient.” Another, “A patient who chooses himself as the doctor, has a lousy doctor.” And let me insert right here, the subject has in his possession a Hemi-Sync machine on loan from The Monroe Institute. Got a clue yet?]

Apparently the ulcer was not eliminated. The pains returned. Slight at first then, over the weeks, gradually increasing in intensity. Subject used up the remainder of hoarded Zantac tablets then resorted to over-the-counter Sodium Bicarbonate tablets. They worked fine. For a time. All this while subject refrained from letting wife know of the recurrent and increasing discomfort.

Approximately two months prior to this writing, wife gets up to use the bathroom; husband not in bed; time 2:10 a.m.; wife turns on the light; finds husband in kitchen with head resting on arms on the counter. Wife asks, “What’s wrong?” Husband responds by telling her the story of his failed great medical experiments of recent weeks. He states, “I’m trying to make up my mind whether to wake you and call my daughter [a local physician] or just have you take me over to Queen’s Hospital. This ‘thing’ is out of control.” Wife places hand maternally on husband’s dumb head and states, “Have you tried the machine?” [Referring, succinctly to the Hemi-Sync.] “No,” he states, with a great surge of additional stupidity coursing over him. “I never thought of it.” She mocks, “You’ve had such great success with others—maybe it will work for you.” [Oh, how cruel women can be!] Husband replies, with deliberate inaudibility, “Oh, shut up!” Wife won’t let go. “I’ll put on the other headset with you, if you’ll try it.” The eight-foot walk from where husband sits to where Hemi-Sync synthesizer sits seems a long two or three blocks. Six-foot husband now about three feet tall.

Here I must engage in a necessary digression. Umpteen months prior to present story, psychologist friend of subject introduces subject to man who hands subject a cardboard box containing a certain electronic device [identity and description deleted]. Box contains instrument never seen before by subject, consisting of five separate parts and several manuals. Subject puts parts and manuals back in box and sets it on the floor, off in a corner. Forgets about box. Subject has barest information about what device is supposed to do. Too busy to fool with it. Now—back to original tale.

Subject stretches out in recliner, turns on Hemi-Sync, and puts on headset. Wife lies down on floor and dons other headset. Wife goes to sleep. Snores slightly. Subject closes eyes, takes several deep breaths and proceeds to focus on pain in gut. Subject feels he has been engaged in such useless activity for twenty minutes or so, so opens eyes, removes headset, looks down at snoring wife, places headset on floor, quietly gets out of chair, and stealthily goes to look for

cardboard box hiding somewhere among other collected odds and ends.

Subject retrieves box, carefully takes out contents, assembles same on kitchen counter, plugs cord in wall socket, turns on the switches evident on machine and aimlessly twirls the four dials appearing on face of same.

At this point, subject suddenly finds himself awakening from a deep and relaxing sleep. Looks down to find snoring wife still doing same. Subject is jolted to discover terrible pain in gut is no longer in evidence. Subject takes several deep breaths, rolls stomach muscles, then pokes self in stomach in attempt to awaken possibly still-sleeping internal holocaust. Holocaust refuses to be aroused.

Subject now remembers assemblage of machine on counter. Looks over to clock and notes that one hour and twenty minutes has elapsed since closing eyes last time. He then notes bare counter. No machine assembled on counter! What happened to it? Subject gets out of chair, looks around room, and still no machine. Subject checks junk pile and finds cardboard box still in place—with disassembled machine and books where last seen some time before. What the h—!

Subject now wide awake and greatly excited. Feels great. Goes to Hemi-Sync synthesizer, turns off same, and wakes snoring wife. Now unsnoring wife says she also feels great. Subject asks wife if she messed with strange other machine. She states, "No," and then inquires why subject asked. Subject relates improbable story. Smart-mouth wife replies, "See—I told you." What was wife experiencing during that hour plus? You wouldn't believe it!

I've just looked at the clock at the moment of this writing; 2:10 p.m., Wednesday, 13 September 1989. To this date, no pain, no Zantac, no tablets. Examination has revealed—no ulcer.

What's my conclusion? HEMI-SYNC WORKS!! Even for professional dummies. And triggers whatever modality in the brain is necessary to bring about results.

Scientifically provable? At the present stage, possibly not. Anecdotal? For this subjective experience—totally. With four doctorates, decades of experience, and nearing the age of seventy, want to try and convince subject otherwise?

[Hemi-Sync must have limitations. Did not eliminate snoring wife. Correction: *snoring* of wife.]

[ed.: also see BREAKTHROUGH, Vol. VII, No. 2, "Hemi-Sync and Snoring" by J. Edwin Carter.]

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CLASSIFIEDS

USED SYNTHESIZERS WANTED for ongoing research.

Contact James M. Thomas, Jr., Ph.D., or Charles F. Danley at the James M. Thomas Clinic, 419 Fairview, Ponca City, OK 74601; or phone (405) 765-5128.

WANT TO BUY: Hemi-Sync Synthesizer Model 201B.

Contact Kjeld Johansen, Ro Skolevej 14, Gudhjem, Denmark DK-3760

FOR SALE: 201 B Synthesizer, 230 volt (for 220 circuitry), hardly used. Contact Walter D. Hill, Ken Keyes College, 790 Commercial Avenue, Coos Bay, OR 97420

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